

Wisconsin Department of Regulation & Licensing

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BARBERING AND COSMETOLOGY EXAMINING BOARD

EMPLOYMENT VERIFICATION

IMPORTANT: Proper completion of this form is required for processing of the application. Any alteration made to the form will void the form. Failure to submit proper documentation of employment will delay processing of your credential application. When documenting the Employment Period, include the month, day and year.

PART 1: TO BE COMPLETED AND SIGNED BY THE APPLICANT

TO MY PAST OR PRESENT EMPLOYER: Please complete this Verification of Employment form. Send the form directly to the above address. The information below is required for processing my application.		
Applicant Name (print)	Signature	Date
Applicant Address		Date of Birth

PART 2: TO BE COMPLETED BY PAST OR PRESENT EMPLOYER

Applicant Name		
Manager or Owner Name (print)	Check: <input type="checkbox"/> Manager <input type="checkbox"/> Owner	
Establishment Name (print)	Establishment License Number	
Establishment Address (street, city, state, zip code)		
Employment Period: (Include the month, day and year)	From _____ month/day/year	To _____ month/day/year
Employee Worked:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Number of hours per week _____ Total Numbers of Hours Worked _____
Employee Worked as (check one):	<input type="checkbox"/> Practitioner <input type="checkbox"/> Manicurist <input type="checkbox"/> Aesthetician <input type="checkbox"/> Manager <input type="checkbox"/> Electrologist	
I, _____, Manager or Owner, declare the foregoing statements are true to the best of my knowledge and belief, and that I personally completed and signed this form.		
Signature _____ (Manager or Owner)		License # _____
Address _____ Number & Street City State Zip Code		Date _____